

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	FOLLOWUP REPORT AFTER TEMPORARY PLACEMENT OF CHILD FOR ADOPTION	FILE NO.
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In the matter of _____ DOB: _____
Full name of child

NOTE: This report is to be completed within 30 days after the transfer of physical custody of the child. This report is in addition to the report included in the statement transferring custody (either Form PCA 330 or PCA 331).

- I am the ☐ adoption attorney ☐ representative of the child placing agency that assisted in the temporary placement of the above named child.
- On _____, for the purpose of adoption, physical custody of the child was transferred to the
Date
prospective adoptive parent(s) _____ who reside
Name(s) of prospective parent(s)
in this county at _____ .
Street address City Zip
- The temporary placement was made by _____
Name(s) of parent(s)

Street address City State Zip
- Since the transfer of physical custody, the following has occurred:
 - ☐ a petition for adoption was filed by the prospective adoptive parents in this county on _____ .
 - ☐ no petition for adoption was filed and physical custody of the child was returned on _____ to
Date
_____, ☐ parent(s). ☐ guardian(s). ☐ child placing agency.
Name(s)
 - ☐ neither of the above.

I declare that this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date	_____ Date
_____ Signature of adoption attorney	_____ Signature of agency representative
_____ Name (type or print) Bar no.	_____ Name (type or print)
_____ Firm name	_____ Agency name
_____ Address	_____ Address
_____ City, state, zip Telephone no.	_____ City, state, zip Telephone no.

Do not write below this line - For court use only